

# AMERICAN ACTION NETWORK

DATE: TUESDAY, OCTOBER 19, 2010

Send to: KEN LALLY  
Office Location: FEC Technical Support  
Fax Number: **202-219-0674**

From: Stephanie Fenjiro  
Phone Number: 202.312.5344  
Number of Pages, Including Cover:

☐ URGENT ☐ REPLY ASAP ☐ PLEASE COMMENT ☐ PLEASE REVIEW ☐ FYI

COMMENTS:

Ken:

Thank you so much for your call this morning and most of all help with my questions. Attached is the report I filed (as you stated would be considered a paper filing) – therefore we would like to amend the report and include the candidate information.

Committee ID: C30001648 – however at the time when the report was filed we did not have an ID number; therefore it is C00000000 for this report.

Amended Report – covering period 8/20/2010 – 8/24/2010 – amount \$499,895.34

It would be appreciated if this could be handled as an amendment and therefore applied to the originally filed report.

Please call me at 202-312-5344 to let me know the status. Thanks very much for your help!

Stephanie Fenjiro  
Administrator

fax cover

AMERICAN ACTION NETWORK  
1401 NEW YORK AVENUE, N.W., SUITE 1200 WASHINGTON, DC 20005  
P: 202.312.5344 | [www.americanactionnetwork.org](http://www.americanactionnetwork.org)

10030461990

08/24/2010 18:06

# FEC FORM 9 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

## 1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

American Action Network

(b) Address (number and street) ☐ check if different than previously reported

1401 New York Avenue NW Ste 1200

(c) City, State and ZIP Code

Washington

DC

20005

(d) Name of Employer or Principal Place of Business

(e) Occupation

## 2. FEC Identification Number

C C00000000

## 3. Is This Statement

☐ New

or

☒ Amended

## 4. Covering Period

M O B / P D / Y Y Y Y

08

20

Y

2010

through

M O B / P D / Y Y Y Y

08

24

Y

2010

## 5. (a) Date of Public Distribution(s) M O B / P D / Y Y Y Y (b) Communication Title TV

## 6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☒ Other, specify: corporation

## 7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☐No ☒

## 8. Custodian of Records

(a) Name

Stephanie Fenjro

(b) Address (number and street)

(c) City, State and ZIP Code

Washington

DC

20005

(d) Name of Employer or Principal Place of Business

(e) Occupation

American Action Network

## 9. Total Donations This Statement

.00

## 10. Total Disbursements/Obligations This Statement

499885.34

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Stephanie Fenjro

SIGNATURE Electronically Filed by Stephanie Fenjro

DATE 08/24/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

10030461991

**List of Person(s) Sharing/Exercising Control**  
(use additional pages as necessary)

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**11. Person(s) Sharing/Exercising Control**

<b>A. (a) Name</b> Robert Collins		<b>Transaction ID :</b> F91.000001	
<b>(b) Address (number and street)</b> 1401 NEW YORK AVE NW STE 1200			
<b>(c) City, State and Zip Code</b> WASHINGTON DC 20005			
<b>(d) Name of Employer or Principal Place of Business</b> American Action Network		<b>(e) Occupation</b> President	

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**SCHEDULE 9-B**  
**Disbursement(s) Made or Obligations**

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<b>A. Full Name (Last, First, Middle Initial) of Payee</b> UpGrade Films				<b>Date of Disbursement or Obligation</b> MM / DD / YYYY 08 / 20 / 2010	
<b>Mailing Address of Payee</b> 3299 K street nw ste 200				<b>Amount</b> 14896.34	
<b>City</b> Washington	<b>State</b> DC	<b>Zip Code</b> 20007		<b>Communication Date</b> MM / DD / YYYY 08 / 23 / 2010	
<b>Name of Employer</b>				<b>Transaction ID : F83.000001</b>	
<b>Purpose of Disbursement (including title(s) of communication(s))</b> TV spot promise					
<b>Name of Federal Candidate</b> PAUL HODES	<b>Office Sought:</b> House <u>Senate</u> President	<b>State:</b> NH District:	<b>Disbursement/Obligation For:</b> Primary <u>General</u> 2010 Other (specify)		
<b>Name of Federal Candidate</b>	<b>Office Sought:</b> House Senate President	<b>State:</b> District:	<b>Disbursement/Obligation For:</b> Primary General Other (specify)		
<b>Name of Federal Candidate</b>	<b>Office Sought:</b> House Senate President	<b>State:</b> District:	<b>Disbursement/Obligation For:</b> Primary General Other (specify)		
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> Crossroads Media				<b>Date of Disbursement or Obligation</b> MM / DD / YYYY 08 / 20 / 2010	
<b>Mailing Address of Payee</b> 66 Canal Center Plaza, Suite 555,				<b>Amount</b> 484899.00	
<b>City</b> Alexandria	<b>State</b> VA	<b>Zip Code</b> 22314		<b>Communication Date</b> MM / DD / YYYY 08 / 23 / 2010	
<b>Name of Employer</b>				<b>Transaction ID : F83.000002</b>	
<b>Purpose of Disbursement (including title(s) of communication(s))</b> TV New Hampshire					
<b>Name of Federal Candidate</b> PAUL HODES	<b>Office Sought:</b> House <u>Senate</u> President	<b>State:</b> NH District:	<b>Disbursement/Obligation For:</b> Primary <u>General</u> 2010 Other (specify)		
<b>Name of Federal Candidate</b>	<b>Office Sought:</b> House Senate President	<b>State:</b> District:	<b>Disbursement/Obligation For:</b> Primary General Other (specify)		
<b>Name of Federal Candidate</b>	<b>Office Sought:</b> House Senate President	<b>State:</b> District:	<b>Disbursement/Obligation For:</b> Primary General Other (specify)		
<b>SUBTOTAL of Disbursement/Obligation This Page (optional)</b>				499895.34	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to line 10)				499895.34	

10030461993

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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N/A  
 PREPARER

N/A  
 DATE PREPARED